

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/077180
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		1				
5		10				
6		1				
7		10				
8		1				
9		10				
10		1				
11		10				
12		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	17					
TOTAL CLAIMS	18					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						